

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09682502</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">09-10-01</div>
CLAIMS APPLICANT(S)							

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4		/					54						
5		/					55						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	13						TOTAL CLAIMS						

★ MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS